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January 31, 2017

FILED VIA ECFS

Marlene H. Dortch, Secretary Federal Communications Commission 445 12th Street, SW, Room TW-B204 Washington, D.C. 20554

Re: FCC Form 555 Annual Lifeline Report and Certification WC Docket No. 14-171

State of Illinois, SAC 349008

Dear Ms. Dortch:

Enclosed is the FCC Form 555 Annual Lifeline Report and Certification on behalf of Illinois Valley Cellular RSA 2-I.

This was certified online with the Universal Service Administrative Company on January 31, 2017.

Please contact the undersigned if any questions arise.

Respectfully submitted,

from M. Chruff

Steven M. Chernoff

Attorney for Illinois Valley Cellular RSA 2-I

Encl.

Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST Deadline: January 31st (Annually)

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349008		143000824
Study Area Code (SAC (An Eligible Telecommunicat)) ions Carrier (ETC) must provide a ce	Service Provider Identification Number (SPIN) rtification form for each SAC through which it provides Lifeline service).
2016	IL	Illinois Valley Cellular RSA 2-I
Recertification Year	State	ETC Name
n/a		n/a
DBA, Marketing, or Ot (If same as ETC name, list "No	her Branding Name A" Do <u>not</u> leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
Provide a list of all ETCs that a	Section 3(2) of the Communications	Yes No
Affiliated ETC's SAC		Affiliated ETC's Name
formation, or other similar laws (or partnership agreer	legal document. An officer is nent), and would typically be re	of a position listed in the article of incorporation, articles of a person who occupies a position specified in the corporate by- president, vice president for operations, vice president for finance, er is a sole proprietorship, the owner must sign the certification.
Section 1: Initial Cer	tification All ETCs must complete	this section
I certify that the company l	isted above has certification pro	ocedures in place to:
that, to the best of my	knowledge, the company wa	ntation prior to enrolling a consumer in the Lifeline program, and as presented with documentation of each consumer's household her enrollment in Lifeline; and/or
B) Confirm consumer elig Lifeline administrator p	gibility by relying upon access rior to enrolling a consumer in	s to a state database and/or notice of eligibility from the state the Lifeline program.
I am an officer of the con above.	npany named above. I am auth	orized to make this certification for the Study Area Code listed
Initial mo		

Section 2: Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	C	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
19	0	0	0	19

Recertification Results:

F	G	H = (F-G)	I.	J = (H+I)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
19	14	5	0	5

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
0	0

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block F.

Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial mo

AND/OR

OR

C) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.
Initial

Section 3: De-enroll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
19	5	26.32%

Section 4: ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements?

Yes O

No O

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q	
Month	Subscribers De-Enrolled for Non-Usage	
January	0	
February	0	
March	0	
April	0	
May	0	
June	0	
July	0	
August	0	
September	0	
October	0	
November	0	
December	0	
Total Subscribers	0	

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,
Certified Online
Signature of Officer
mowens@ivcel.com
Email Address of Officer
Michelle Owens

Person Completing This Certification Form

Michelle Owens CFO

Printed Name and Title of Officer
01/31/2017
Date
815-795-3200
Contact Phone Number